



Barbara Worgess  
Department Director  
Robert Maglievaz  
Manager

## COCONINO COUNTY HEALTH DEPARTMENT

### ENVIRONMENTAL HEALTH

#### \*Office Use Only\*

Receipt #: \_\_\_\_\_  
Amt Paid: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_  
Referred To: \_\_\_\_\_  
Type: \_\_\_\_\_

### Temporary Body Art Establishment License Application

Please complete the following information and return it to the Environmental Health office with the license fee of \$120.00 at least 30 days prior to the event. The fee covers plan review and inspection(s). Temporary license will expire seven (7) days after date issued.

#### **Applicant Information**

Applicants(s) Name(s): \_\_\_\_\_

Mailing address(es): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number(s): home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

What is the purpose for which the license is requested?

☐ Product demonstration    ☐ Education    ☐ Trade show

#### **Establishment Information** (location where the demo, education, trade show will be held)

Physical address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Establishment phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

List any additional services provided at the establishment:

\_\_\_\_\_

All of the above statements are true. I understand that any false information on this application and in the submittal may be cause for denial or revocation of my body art establishment license. Their issuance is based on strict compliance with Coconino County Body Art Sanitation Code governing the sanitation of body art establishments, and may be revoked or suspended for violations of the regulations. Permits are non-transferable. License holders are responsible for ensuring that individuals working in the facility comply with all education, applicable health, safety, sanitation, and sterilization requirements.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_